| | | ED STATES DISTRICT COURT NICT OF NEW JERSEY | | U.S. DISTRICT COURT | | |
|--|---|--|--------|---------------------------------|--|--|
| | ¥0 | nilda annette Tor | | DISTRICT OF NEW JERSEY RECEIVED | | |
| | Ya | nisa Diamond Quir | sones | 2021 JUL -9 A 9:49 | | |
| | (In | he space above enter the full name(s) of the plaintiff(s).) | - | | | |
| | | - against - | | | | |
| ပ | Gr | cystone Park Psyc. | top. | COMPLAINT | | |
| 9 | Trinitas Psyc. Husp. Jury Trial: Wes No | | | | | |
| O | Bu | enneus Specializa | 11054 | (check one) | | |
| U | E | imily Count (Su | dge ' | | | |
| | Bi | VCKI 2-2009-present | -202i | 7 2009 | | |
| · Child Placement Services 2007-2009 · Trenton Psyc. HUSP. | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | (In the sr | ace above enter the full name(s) of the defendant(s). If you | | | | |
| | cannot fi | the names of all of the defendants in the space provided, | | | | |
| | please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names | | | | | |
| listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.) | | | | | | |
| | I. | Parties in this complaint: | | | | |
| A. List your name, address and telephone number. Do the same for any additional plaintiffs named. additional sheets of paper as necessary. | | | | ional plaintiffs named. Attach | | |
| | Plaintiff | Name Varied | a anne | tte Toro | | |
| | | Street Address 150 Ko | n Road | 62 | | |
| | | County, City Morn's | Moms A | lains | | |
| | | State & Zip Code (V.). | 1450 | | | |
| | | Telephone Number | | | | |

Defenciant 5
Child Agreement Services
80 West Evand Street
Elizabeth, New Jersey
Union County,
Defendant a
Thenton Psuc Director

Trenton Psyc Director
101 Sullivan Way
Trenton, vew Jessey
Mercar County

| B. List all defendants. You should state the full name of the defendants, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant can be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary. | | | | | |
|--|---|--|--|--|--|
| Defendant No. 1 | | Name Greystone Park Psyc Hospital Pirecrul Street Address 59 Koch Road | | | |
| | | | | | |
| | | | | | |
| | | State & Zip Code NCW JENOW 07930 | | | |
| Defenda | int No. 2 | Name Trinitas Regional Medical Center/Psyc. | | | |
| | | Street Address 22 655 Past Justy Street Diroca | | | |
| | | County, City Union, Elizabeth | | | |
| | | State & Zip Code New Judy 0720 | | | |
| | | | | | |
| Defenda | nt No. 3 | Name Runus specialy of to spital | | | |
| | | Street Address 40 Watthurs Way | | | |
| | | County, City Union, Blikely Height | | | |
| | | State & Zip Code New Justy | | | |
| | | Judge Breit | | | |
| Defenda | nt No. 4 | Name Family DIVISION Supero Coruttous | | | |
| | | Street Address J Broad Street | | | |
| | | County, City Union, Elizabeth | | | |
| | | State & Zip Code New Justy 07207 | | | |
| | | V | | | |
| п. | Basis for Jurisdiction: | | | | |
| | | | | | |
| | | jurisdiction. There are four types of cases that can be heard in federal court: 1) . § 1331, a case involving the United States Constitution or federal laws or treaties | | | |
| is a feder | ral question case; 2) Divers | sity of Citizenship - Under 28 U.S.C. § 1332, a case in which a citizen of one | | | |
| | | and the amount in damages is more than \$75,000 is a diversity of citizenship case; 4) U.S. Government Defendant. | | | |
| | | | | | |
| A. [| What is the basis for feder Federal Questions | ral court jurisdiction? (check all that apply) Diversity of Citizenship | | | |
| Į. | Virederal Questions | Diversity of Citizensinp | | | |
| | U.S. Government Plai | utiff U.S. Government Defendant | | | |
| B. If the basis for jurisdiction is Federal Question, what federal Constitutional, statutory or treaty right is at | | | | | |
| issue? Is Yanilda annothi Turo really scit rophrenic and does & | | | | | |
| | Hay have I | sipolor discrete. | | | |
| | | | | | |

June 30,2021

. as being in the Runners Hospital, they reglected a pace to live anothe fact that I was Sane and several pregnancies I had at that hospital. I had a Children lawsuit that the psychaed made me lose time to recieve compensation. Yanisa, my daught, doesn't know who I am as her bidlogical mother because of this. Every one in the hospital ignored my saint, and tept giving me store that hunter.

| C. | If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? | | |
|----------------------------------|--|--|--|
| | Plaintiff(s) state(s) of citizenship | | |
| | Defendant(s) state(s) of citizenship | | |
| ш. | Statement of Claim: | | |
| compla include cite any | tate as briefly as possible the <u>facts</u> of your case. Describe how <u>each</u> of the defendants named in the caption of this omplaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not ite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a eparate paragraph. Attach additional sheets of paper as necessary. | | |
| А. <u>200</u> Р х у | Where did the events giving rise to your claim(s) occur? Trinitas psyc. Huspital from subject in the chiatricular to be treated like a wild arimal. | | |
| В. | what date and approximate time did the events giving rise to your claim(s) occur? October 2005 hallucinated by taken a sample best ability pill in the ability is for depression and I was given many shorts had a uhin it was a mistake by a ductor. | | |
| c. | Son I had to take a sample pill was because I was | | |
| mo giv | rey and my childbith was intense since I wasn't en pills for pain. I was given many hospitalistions be morn didn't want me going to the military and wantedme stay home. Throughout the years in 2007 poince came | | |
| of and | Trinitas emergency room and the arrested me for freedom speech. They took me to the psyc. emergency room a told nursus and dustor I needed mood stabilizes a depokate. Dyfs (c.p.s) come to visit you's a and I, and | | |
| the b/c You let | y never checked the home to move yanila and I out. of old paint chipping from the heater and all oround is a room in addition to food It wasn't enough. (C.P.S.) finally yanisa and I seperated and that caused yanisa and I | | |
| Clo C d Inte | of spess. Judge State to be quitt in court as Off had better that enterviewed me, but he only give me I excepted from a family tree and perfor let the State + ace is to Las vegas, Newada. Throughout the years I suffered ing in and out the psyl ward people westing to physically war and angue. No duetre warmed to help in my close been no spitalized at 3 the debutants he spital from - pesut. | | |

Who else saw what happened?

What happened to you?

Who did

what?

Was anyone else involved?

| IV. Injuries: |
|---|
| If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received fanilda and your Sa) through district (your and prepared on doctors who wouldn't he is my state farmount, increasing needle shots. The away from daughter, Religion on Inches and daughter, Religion on Sunday Masso, Religion on faith. Religion on lossed chiedren |
| |
| V. Relief: |
| State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking, and the basis for such compensation. The both famour of yanilda Toro for the age of 21 - present \$9002illion to \$9002illion Charge of pageness because of parameters and police, hospital negligence and missing children. |
| |
| |

| I declare under penalty of perjury that the foregoing is true and correct. | | | | |
|--|---|--|--|--|
| Signed this 30 day of June | , 20 <u>21</u> . | | | |
| | Signature of Plaintiff Yanilds Q. Save Mailing Address Tokoch Road &2 Mom's Plains N.D. 07950 | | | |
| | Telephone Number | | | |
| | Fax Number (if you have one) | | | |
| | E-mail Address | | | |
| Note: All plaintiffs named in the caption | of the complaint must date and sign the complaint. | | | |
| | Signature of Plaintiff: | | | |